

SAFEGUARDING CHILDREN CORE COMPETENCY FRAMEWORK

INTRODUCTION

Although parents/carers have the primary responsibility for safeguarding their children and young people, statutory and voluntary agencies, relatives, friends and neighbours also have responsibilities. All professionals and agencies, including those in the voluntary and community sectors, play an essential part in ensuring that children and families receive the care, support and services they need to promote children's health and development. Safeguarding incorporates all preventable harm that impacts on the lives of children, including children in need, with a clear focus on children's personal development and well-being and making children's lives better.

Following every serious case of child abuse or neglect, there is considerable anxiety that greater progress has not been made to prevent such occurrences. Reviews and enquiries across the UK over the last three decades often identify the same issues - among them, supervision, poor communication and information sharing between professionals and agencies, inadequate training and support for staff, and a failure to listen to children ¹

This core competency framework was primarily developed to support the staff who come into contact with children and young people. They have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns about child safeguarding ². In addition, nurses and midwives are bound by the Nursing and Midwifery Council's 'The Code' (NMC 2008) ensuring that they work with others to protect and promote the health and well-being of those in their care, their families and carers, and the wider community.

This core competency framework aims to enable staff to identify their learning and development needs in relation to the prevention of harm and promotion of safeguarding children and the provision of accessible, safe and effective services. It is, however, recognised that all staff working within the Health and Social Care sector, either through delegation ³ of duties or in the course of their work, come into contact with children and these competencies could equally apply.

¹ Department of Health (2014). *Safeguarding Children and Young People: Roles and Competences for Health Care Staff* Intercollegiate Document. London.

² Department for Education (2015) *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*. London

³ NMC (May 2008) 'The delegation of nursing or midwifery care must always take place in the best interests of the person the nurse or midwife is caring for and the decision to delegate must always be based on an assessment of their individual needs'. <http://www.nmc-uk.org/Nurses-and-midwives/Advice-by-topic/A/Advice/Delegation/> site

The ways in which staff will use this core competency framework will differ, depending on their area of practice and what level of responsibility and the role they have in safeguarding children. In discussion with their line managers, staff should determine the level of training that is appropriate to their role. It is, therefore, the responsibility of individuals, their line managers and the organisation to ensure that safeguarding children is embedded. In addition, individuals should use a learning and development framework to plan, with their line manager, appropriate learning and development activities that will meet their needs. The CCG safeguarding team will be able to support this process.

DEVELOPMENT OF THE CORE COMPETENCY FRAMEWORK

This core competency framework has been developed through:

- A review of the literature on competency frameworks related to Safeguarding Children
- Review of current practices in relation to previous levels 1-3 and training opportunities
- Review of safeguarding training available
- Introduction of the revised Intercollegiate Competency Document
- Following the development of a SCR action plan

WHAT IS A COMPETENCY FRAMEWORK?

A competency framework is a collection of competencies that are thought to be central to effective performance. Competence reflects:

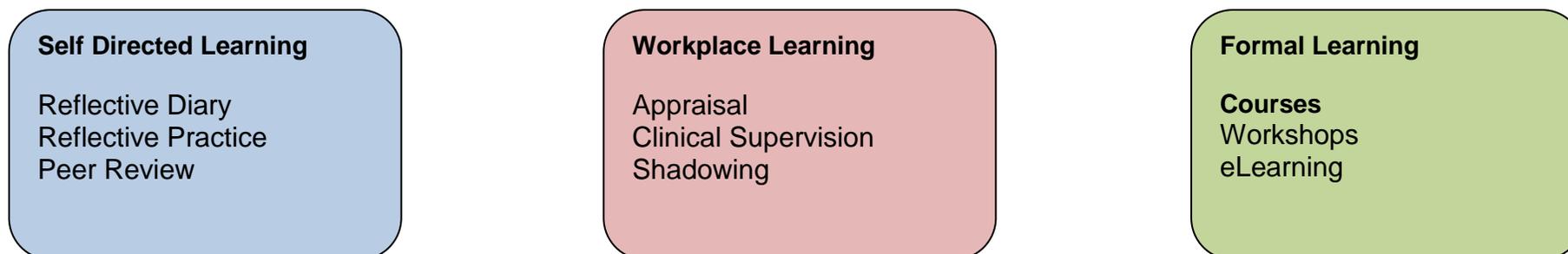
- Knowledge, understanding and judgment
- Skills: cognitive, technical or psychomotor and interpersonal
- A range of personal attributes and attitudes
- Learning and development activities.

Competency frameworks, therefore, have wide utility in relation to professional regulation, supervision, quality assurance, educational review, recruitment and deployment of the nursing workforce, in role development and/or job specification and performance appraisal (WT 2013) A core competency framework is a statement of good practice and should be used in a structured manner, to allow practitioners to develop their knowledge, skills and attitudes, thereby maximising their contribution to the modernisation of health and social care services.

Learning and Development

Learning and development encompasses a wide range of activities designed to improve the performance of staff. A learning and development framework facilitates individuals in planning opportunities to develop skills, knowledge, attitudes and behaviours in order to improve practice.

Conceptual Model for a Core Competency Framework for Nurses and Midwives.



A flexible approach to learning and development is promoted in the intercollegiate document. This will help staff particularly nurses, midwives and pre-reg students make best use of the wide range of learning opportunities available to them.

WHO IS THIS CORE COMPETENCY FRAMEWORK FOR?

This framework has been designed for use by all staff working across the health economy. It is important that staff clearly understand their responsibilities in safeguarding children and are able to recognise and take effective action where there might be a need for protection. The universal nature of health provision means that healthcare workers have an important role to play in recognising and supporting children and families in need and are often the first to be aware that families are experiencing difficulties looking after their children. The following pages will assist in identifying the different levels of responsibility in relation to safeguarding children. Each level has an identified set of core competencies which should be discussed with the line manager in planning any personal development.

The framework comprises 5 Levels as follows:-

Level 1 which is appropriate to all staff working in a health care

Level 2 **All** clinical and non-clinical staff who have **any** contact with children, young people and/or parents/carers.

Level 3 All clinical staff working with children. Young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of the child or young person and parenting capacity where there are safeguarding/child protection concerns.

Level 4 Specialist Roles: Named Professionals

Level 5: Specialist Roles: Designated Professionals.

Identification of Competency Groups

Some roles with the same job title may have very different responsibilities and duties. It is the employer's responsibility to match the 'roles and responsibilities' of a particular role with the descriptions of 'roles and responsibilities' provided for each Group within the framework;

- Please refer to descriptors of role to ensure that it is appropriate to the role to help you select the correct competency requirements.
- It is the responsibility of the organisation to determine the competency group of the practitioner.

It is essential to read the description of roles and responsibility presented in the Framework to make an informed decision regarding which Competency Group is appropriate for the role. There is further advice available from the Agencies own safeguarding leads and the CCG Safeguarding Team

Scenarios: The scenarios on the following pages demonstrate the impact the different levels have in their responsibility relating to Safeguarding. In Level 2 there are three examples to show the diversity at this level ⁴.

SCENARIOS - LEVELS OF RESPONSIBILITY IN SAFEGUARDING

Example – Level 1

Sally works in the CCG office in a senior administration role. Her colleague Anita appears very upset and on discussion, she discloses that she and her husband had fought on the previous evening. Anita has visible marks to her neck and wrists and Sally is aware that the couple have two children aged 3 and 6. Anita says that things at home have recently been getting worse and that this is not the first altercation.

It is important that Sally is aware of her role and responsibilities as an employee of the CCG regarding the safeguarding of children. She needs to be aware of the challenges this could pose as well as being able to recognise the risks to Anita's children, and how to respond appropriately to any situation relating to the welfare of a child.

It is essential that Sally knows what to do when such concerns arise and to whom she should report these concerns when they do.

Example A- Level 2

Carrie is a Healthcare working in a Care of the Elderly Unit for the past 10 years and has come to know relatives who visit the unit on a regular basis. The unit provides care for people who are physically debilitated as well as suffering from dementia.

Carrie does come into contact with children who are visiting relatives.

It is important because of this that Carrie is aware of her role and responsibilities as an employee of the Trust. She needs to be aware of the challenges this could pose as well as being able to recognise, and how to respond appropriately to, situations relating to the welfare of a child.

It is essential that Carrie knows what to do if any such concerns arise and to whom she should report these concerns when they do.

This level differs from Level 1 by the fact that Carrie often comes into contact with children and by focusing on the safeguarding children, aspect when caring for adults.

⁴ www.nipec.hscni.net

Example B - Level 2

Linda is a midwifery sister on a postnatal ward in a maternity unit. The team in her ward cares for mothers ranging in ages that include young girls under eighteen who have had babies of their own.

Linda needs to ensure that she and her team can recognise when mothers, including teenage mothers, need extra support, protection and referral as well as being aware of the potential safeguarding risks and concerns of all babies. This includes safeguarding and protection needs for those teenage children as mothers.

Consequently, Linda needs to promote an ethos of safeguarding within the ward as there is the potential for safeguarding issues to teenage mothers and their babies as well as other babies born into families that have possible safeguarding risks.

She needs to ensure that all staff in the unit are trained in safeguarding protection and promotion, to the required level for their responsibility and sphere of practice. This training should provide them with the knowledge and skills to recognise and deal with issues in a prompt manner.

Many women now leave hospital very shortly after birth into the care of the community midwife, so there is a small window for recognition and referral to take place. However, it is essential for the safety of the baby that this identification does occur and that it is communicated to the appropriate persons. Linda also needs to be aware of other possible problems which may impact on safeguarding children such as domestic violence, drug and alcohol dependency and to raise these concerns within the multidisciplinary team immediately.

Example C - Level 2

Michael works as a Community Psychiatric Nurse (CPN) and sees a range of adult patients in both the home and the clinic. In his role, Michael needs to appreciate that approximately one in four adults will experience a mental illness during their lifetime. At the time of their illness, at least a quarter to a half of these will be parents, and that parental mental ill health may have an adverse impact on a child's health and development. Children of parents with a mental health condition may be considered as vulnerable and in need of additional support. Michael, therefore, needs to routinely enquire about dependent children as well as understand and support a family focus to the delivery of care. He should be alert to potential risks a patient may present to children as a consequence of their condition and/or the potential harmful consequences of a parent's mental illness on a child's social and emotional development. Michael also needs to be alert to the impact of domestic abuse on mental health well-being, parenting and children's well-being. Using a "Think Family" approach to working with other agencies, he should consider the needs of individuals in the context of their relationships and their environment and routinely signpost/refer families on to appropriate support services. He needs to know when to intervene, what to do about concerns, whom to contact and where to seek advice, as well as knowing what information needs to be recorded and shared.

This level differs from Level 1 by focusing on the role of the CPN in Safeguarding Children while working with Adults experiencing Mental Health difficulties.

Example A – level 3

Jane is a Health Visitor working in a rural setting with GP alignment. She is responsible for a caseload of 220 pre-school children with varying levels of need and vulnerability.

Jane uses the framework for the assessment of need to undertake assessments, plan, implement and evaluate interventions to meet the needs of children and their families in her caseload. Jane needs to be able to recognise indicators of child abuse and neglect and refer to other agencies and social services using Regional and Trust policy and procedures, if concerned that a child may have suffered, or is likely to suffer, significant harm or is in need. Jane also needs to be aware of possible factors which may impact on safeguarding children, such as domestic abuse, drug and alcohol dependency and to raise concerns within the multidisciplinary team. She needs to understand her role and responsibility at child protection case conferences and other multidisciplinary safeguarding meetings, including case planning and Looked After Reviews. Jane needs to be able to analyse risks and needs by taking into consideration any strengths and resilience factors in a child's life, family and environmental factors and parenting capacity by sharing appropriate and relevant information and contributing to the health and nursing perspective in interagency safeguarding assessments and risk analysis. Jane needs to ensure that health needs are appropriately addressed and included in safeguarding plans and contribute to practice improvement initiatives, including the application of learning from research, audit and case reviews. Jane needs to undertake regular learning and development needs analysis and to access relevant safeguarding learning and development opportunities. Jane needs to know when to seek further advice and supervision from her Named Nurse

This differs from Level 1 and 2 as SCPHNs work closely with vulnerable families and children.

Example – Level 4

Janine works as a Named Nurse in a large community Trust, offering and providing safeguarding support advice and supervision to the staff. She contributes to the development of safeguarding policy, procedures and guidelines and ensures effective dissemination of these and messages from research or serious case reviews to relevant staff groups. Janine monitors practice standards through the provision of regular supervision to her staff, through the audit of case files, reviewing caseload weighting, conducting practice audits, training needs analysis and the delivery of uni and multiagency training. She also supports staff through attendance at case conferences, assisting them in their analysis of risk and need, using recognised frameworks to support interpretative analysis of the strengths, needs, risks and resilience factors in a child's life, family and environmental factors and parenting capacity. She also supports them when using the assessment framework and threshold guidance for the purpose of referrals to social services childcare teams and with the development of appropriate care/action plans and interventions to meet identified need(s) and the identification and recording of unmet need(s). To do all this, Janine requires a sound grasp of the principles, theories and concepts that inform approaches to safeguarding and protecting children and interagency working. She also requires a comprehensive knowledge of research and evidence based practice that underpins safeguarding to enable her to lead on practice development and improvement plans. Janine also provides advice and support to staff when compiling reports for Court, Police and child protection conferences. In order to do this, Janine must also undertake an educational module relating to childcare and the law.

This Level differs from Level 1 and 2 and 3 by focusing on the provision of expert knowledge advice and support for staff at operational level across the Trust.

CORE COMPETENCY FRAMEWORK

This framework describes the core competencies relating to the promotion of safeguarding children. It is essential that staff are aware of, and ensure that they have, this knowledge and these skills. By reviewing the competencies set for each level, staff can identify their learning and development needs. This should facilitate them in preparing for their annual appraisal and discussion with their line manager in terms of their personal development plan. In addition, this core competency framework is closely aligned to, and can be used in conjunction with, the Knowledge and Skills Framework (NHS/KSF, 2004). This core competency framework supports and underpins the KSF, enabling the practitioner to better prepare for the Development Review process. To support this, the core competencies outlined for each of the levels have been cross-referenced with the core and specific dimensions of the KSF.

NHS Safeguarding Training Matrix: Children’s Safeguarding Required Levels

ICD Level	ICD Descriptor	Staff Groups (examples not exhaustive) Contact Designated Nurse for clarification	Year 1	Year 2	Year 3	Accumulative Total No. of Hours	KSF
Level 1	Non Clinical Staff working in health care settings including:	<p> DGOH – Board level execs non execs, and lay members, Receptionists, admin staff, catering, transport, housekeeping, volunteers, BCPFT- Board level execs non execs, and lay members Receptionists, admin staff, catering, transport, housekeeping, volunteers, D&WMHT- Board level execs non execs, and lay members Receptionists, admin staff, catering, transport, housekeeping, volunteers, CCG- Board level execs non execs, and lay members Receptionists, admin staff </p>	Welcome/New Starter, Induction or Annual Mandatory Training/Refresher Training (45 mins min.)	E-learning introductory module/face to face. Plus annual written update (Level One) (45 mins min.)	Annual Mandatory Training/Refresher Training. Plus annual written update (45 mins min.)	2 HOURS minimum	C1 C3 C5 HWB2 HWB3 HWB5
Level 2	All Clinical Staff who have	<p> DGOH Staff working with adults, clinical lab staff, </p>	Welcome/New Starter, Induction	E-learning introductory	Annual Mandatory Training/Refresher	3-4 HOURS minimum	C1 C2

ICD Level	ICD Descriptor	Staff Groups (examples not exhaustive) Contact Designated Nurse for clarification	Year 1	Year 2	Year 3	Accumulative Total No. of Hours	KSF
	contact with children, young people and their families including:	<p>audiologists, anaesthetists, health care students, audiologists, anaesthetists, pharmacists, phlebotomists, radiologists, optometrists</p> <p>BCPFT</p> <p>Staff working with adults, clinical lab staff, audiologists, anaesthetists, health care students, pharmacists, phlebotomists, optometrists , SLT's, administrators for LAC</p> <p>D&WMHT</p> <p>Nurses working in an adult /acute community services, allied health care practitioners, all other adult orientated secondary care health care professionals, including technicians, health care students</p> <p>BCPFT</p> <p>Staff working with adults, clinical lab staff, audiologists, anaesthetists, health care students</p> <p>CCG</p> <p>All clinical CCG staff who have contact with children, young people and their families including but not exclusive to CHC, GP's, practice nurses</p>	<p>or</p> <p>Annual Mandatory Training/Refresher Training (45 mins)</p>	<p>module/face to face (2 hours)</p>	<p>Training (2 hours)</p>		<p>C4</p> <p>C5</p> <p>G1</p> <p>HWB2</p> <p>HWB3</p> <p>HWB6</p>
Level 3	Clinical Staff working with children, young people and/or their parents and carers and	<p>DGOH</p> <p>Forensic physicians, urgent and unscheduled care staff, health professionals working in substance misuse services, paediatric allied health professionals, sexual health staff, all children's nurses, midwives, obstetricians, all</p>	<p>Welcome/New Starter, Induction or Annual Mandatory Training/Refresher Training (45 minutes)</p>	<p>Level 2 / 3 training if /as appropriate to role</p> <p>2 HOURS</p>	<p>Annual Mandatory Training/Refresher Training</p> <p>And</p> <p>Level 2 / 3</p>	<p>6 hours (Minimum 2 hrs per annum) refresher training over 3 years</p>	<p>C1</p> <p>C3</p> <p>C5</p> <p>G1</p> <p>G6</p> <p>HWB2</p>

ICD Level	ICD Descriptor	Staff Groups (examples not exhaustive) Contact Designated Nurse for clarification	Year 1	Year 2	Year 3	Accumulative Total No. of Hours	KSF
	who and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/c hild protection concerns	<p>paediatricians, paediatric radiologists, paediatric surgeons, children’s / paediatric anaesthetists, paediatric intensivists, paediatric dentists. Sexual health staff , dentists and orthodontists</p> <p>BCPFT Forensic physicians, urgent and unscheduled care staff (adult and CAMHS), health professionals working in substance misuse services, paediatric allied health professionals, sexual health staff, all children’s nurses, midwives, obstetricians, all paediatricians, paediatric radiologists, paediatric surgeons, children’s / paediatric anaesthetists, paediatric intensivists, paediatric dentists. Health Visitors, school nurses, LD nurses</p> <p>D&WMHT Forensic physicians. Mental health staff (adult and CAMHS), child psychologists, child psychotherapists, adult learning disability staff, learning disability nurses, health professionals working in substance misuse services, paediatric allied health professionals, sexual health staff, school nurses, health visitors, all children’s nurses, midwives, child psychologists, all paediatricians, paediatric dentists.</p> <p>NOTE:</p>	<p>And</p> <p>Within first 3 months E-learning core module (level 2) or face to face</p> <p>2 HOURS</p>		<p>multiagency training if / as appropriate to role</p> <p>2 HOURS</p>		<p>HWB3 HWB6</p>

ICD Level	ICD Descriptor	Staff Groups (examples not exhaustive) Contact Designated Nurse for clarification	Year 1	Year 2	Year 3	Accumulative Total No. of Hours	KSF
		<p>Adult psychiatrists and Learning Disability Psychiatrists who are actively involved in determining parenting capacity in a multiagency context should be included in this group.</p> <p>CCG Safeguarding Practice Leads, GP's, Practice Nurses</p>					
	Additional Specialist competencies	<p>DGOH Paediatricians, Paediatric intensivists, forensic physicians, children's nurses, midwives, paediatric radiographers, obstetricians</p> <p>BCPFT Paediatricians, Paediatric intensivists, forensic physicians, children's nurses,</p> <p>D&WMHT Paediatricians, paediatric intensivists, forensic physicians, child and adolescent psychiatrists, child psychologists, child psychotherapists, children's nurses, school nurses, child and adolescent mental health nurses, children's learning disability nurses, health visitors.</p> <p>CCG Lead GP for Adult Safeguarding Adult Safeguarding Leads. Safeguarding GP Practice Leads GP's</p>	<p>Welcome/New Starter, Induction or Annual Mandatory Training/Refresher Training</p> <p>And</p> <p>Within first 3 months E-learning core module (level 2)</p> <p>And</p> <p>Appropriate level 2 / 3 multiagency training.</p>	<p>Compulsory Level 3 multi agency training</p>	<p>Annual Mandatory Training/Refresher Training (30 mins min.)</p> <p>And</p> <p>Compulsory Level 3 multiagency training.</p>	<p>16 hours over 3 years minimum.</p>	<p>C1 C3 C5 G1 G6 HWB2 HWB3 HWB6</p>

ICD Level	ICD Descriptor	Staff Groups (examples not exhaustive) Contact Designated Nurse for clarification	Year 1	Year 2	Year 3	Accumulative Total No. of Hours	KSF
Level 4	Named Professionals	<p> DGOH Named Doctors, Named Nurses, Named Midwives, Specialist Midwives BCPFT Named Doctors, Named Nurses, Safeguarding Leads D&WMHT Named Doctors, Named Nurses, Named Midwives, Named Health Visitors. CCG Designated Doctor, Designated Nurse Safeguarding Designated Nurse – LAC, Designated Doctor – LAC, Lead GP for Children’s Safeguarding. </p>				24 hours minimum over 3 years including non-clinical knowledge e.g. management, supervision training.	C1 C2 C3 C4 C5 HWB1 HWB2 HWB4 IK1 IK2
Level 5 Strategic Safeguarding Competencies	Strategic Safeguarding and Designated Professionals	<p> CCG Designated Doctor safeguarding, Designated Nurse safeguarding , BCPFT Designated Nurse – LAC Designated Doctor – LAC, Adult Safeguarding Lead, Lead GPs for Safeguarding Children </p>				24 hours minimum over 3 years including non-clinical knowledge e.g. management, supervision training. Participation regularly in peer support networks (Locally, regionally and nationally)	C1 C2 C3 C4 C5 C6 HWB1 HWB2 HWB3 HWB4 IK1 IK2 G1 G5 G6

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Version Control

AMENDMENT HISTORY

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V3	April 2014	Updated: Su Vincent/Jane Atkinson
V3.1	April 2015	Minor changes due to changes in statutory guidance
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REVIEWERS

This document has been reviewed by:

NAME	DATE	TITLE/RESPONSIBILITY	VERSION
S Vincent	10/4/14	Designated Nurse for Safeguarding Children	V3
J Atkinson	16/4/2014	Lead Nurse for Safeguarding Adults	V3
J Atkinson	16.03.17	Designated Nurse for Safeguarding Adults	V3.2
S George	16.03.17	Designated Nurse for Looked After Children and Young People	V3.2

APPROVALS

This document has been approved by:

NAME	DATE	VERSION
Quality and Safety Committee	September 2014	V3
Quality and Safety Committee	16 January 2018	V3.2

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